



The Empire Plan

Drugs That Require Prior Authorization for the Empire Plan Prescription Drug Program

Abstral	Blincyto	Dysport
Actemra	Bosulif	Egrifta
Acthar HP	Botox	Elaprase
Actimmune	Bravelle	Elelyso
Adagen	Buphenyl	Eligard
Adcetris	Cabometyx	Emflaza
Adcirca	capecitabine (Xeloda)	Empliciti
Adempas	Caprelsa	Enbrel
Afinitor	Carbaglu	Entyvio
Aldurazyme	Cayston	Epclusa
Alecensa	Cerdelga	Epogen
Alferon N	Cerezyme	Erbitux
Alunbrig	Cetrotide	Erivedge
Ampyra	Cholbam	Erwinaze
Apokyn	chorionic gonadotropin (Novarel, Pregnyl)	Esbriet
Aralast	Cimzia	Exjade
Aranesp	Cinqair	Exondys-51
Arcalyst	Cinryze	Fabrazyme
Arestin	Cometriq	Farydak
Arzerra	Cosentyx	Fasenra*
Aubagio	Cotellic	fentanyl (Actiq)
Avastin	Cuvitru	Fentora
Aveed	Cyramza	Ferriprox
Avonex	Cystagon	Firazyr
azacitidine (Vidaza)	Cystaran	Firmagon
Bavencio	Daklinza	Flolan
Beleodaq	Darzalex	Follistim AQ
Bendeka	decitabine (Dacogen)	Folotyn
Benlysta	deferoxamine (Desferal)	Forteo
Berinert	diclofenac gel 3% (Solaraze)	Fusilev
Betaseron	Dupixent	Fuzeon
Bethkis		Ganirelix
Bivigam		Gattex

Gazyva	Jevtana	Menopur
Gilenya	Jublia	Mepsevii*
Gilotrif	Juxtapid	mitoxantrone
Glassia	Kadcyla	modafanil
glatiramer (Copaxone)	Kalbitor	Mozobil
Granix	Kalydeco	Myalept
Growth Hormones	Kanuma*	Mylotarg
Haegarda	Kerydin	Myobloc
Halaven	Kevzara	Myozyme
Harvoni	Keytruda	Naglazyme
Herceptin	Kineret	Natpara
Hetlioz	Kisqali	Nerlynx
Humira	Korlym	Neulasta
Hycamtin Capsules	Krystexxa	Neumega
Hyqvia	Kuvan	Nexavar
Ibrance	Kynamro	Ninlaro
Iclusig	Kyprolis	Nityr*
IDHIFA	Lamisil	Northera
Ilaris	Lartruvo	Nplate
Imatinib (Gleevec)	Lazanda	Nucala
Imbruvica	Lemtrada	Nuplazid
Imfinzi	Lenvima	Nuvigil
Imlygic	Letairis	Ocaliva
Immune Globulins	Leukine	Ocrevus
Increlex	leuprolide (Lupron)	octreotide (Sandostatin)
Infergen	lidocaine patch (Lidoderm)	Odomzo
Inflectra	Lonsurf	Ofev
Ingrezza	Lumizyme	Olysio
Inlyta	Lupaneta Pack	Oncaspar
Intron A	Lupron Depot	Onmel
Iressa	Lupron Depot-PED	Onsolis
Istodax	Lynparza	Opdivo
Ixempra	Makena	Opsumit
Jadenu	Mavyret	Orencia
Jakafi	Mekinist	Orenitram

Orfadin	Ruconest	Tecentriq
Orkambi	Rydapt	Tecfidera
Otezla	Sabril	Technivie
Otrexup	Samsca	temozolomide (Temodar)
Ovidrel	Sandostatin LAR	tetrabenazine (Xenazine)
Parsabiv*	Saxenda	Thalomid
Pegasys	Sensipar	Tikosyn
PegIntron	Serostim	tobramycin inhalation solution
Perjeta	Signifor	Torisel
Plegridy	Siliq	Tracleer
Pomalyst	Simponi	Treanda
Portrazza	Soliris	Trelstar
Praluent	Somatuline Depot	Tremfya
Prialt	Somavert	Tykerb
Procrit	Sovaldi	Tymlos
Procysbi	Spinraza	Tysabri
Prolastin-C	Sporanox	Tyvaso
Proleukin	Sprycel	Uptravi
Prolia	Stelara	Valchlor
Promacta	Stivarga	Vantus
Pulmozyme	Strensiq	Vectibix
Radicava	Subsys	Velcade
Rasuvo	Supprelin LA	Veletri
Ravicti	Sutent	Venclexta
Rebif	Sylatron	Ventavis
Remicade	Sylvant	Verzenio
Remodulin	Synagis	Vitreolis
Renflexis	Synribo	Viekira Pak
Repatha	Tafinlar	Vimizim
Repronex	Tagrisso	Vivitrol
Revatio	Taltz	Vosevi
Revlimid	Tarceva	Votrient
ribavirin	Targretin	VPRIV
Rituxan	Tasigna	Weight Loss Drugs
Rubraca	Tazorac	Xalkori

Xeljanz	Zaltrap	Zoladex
Xeomin	Zarxio	zoledronic acid (Zometa)
Xermelo	Zavesca	Zolinza
Xgeva	Zejula	Zydelig
Xolair	Zelboraf	Zykadia
Xtandi	Zemaira	Zytiga
Xyrem	Zepatier	
Yervoy	Zinbryta	

*Effective 4/1/18

This list represents brand products beginning with a capital letter and generic products are in lowercase. Prior authorization applies to both brand and generic products. Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound drugs that have a claim cost to the Program that exceeds \$200 will require prior authorization under this Program. This list of drugs is subject to change. For the most current list of drugs requiring prior authorization, call the Empire Plan Prescription Drug Program at the number below. For more information about drugs requiring prior authorization and how to obtain it, visit www.empireplanrxprogram.com or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select option 4 for the Empire Plan Prescription Drug Program.

If the prior authorization review results in authorization for payment, you will receive Empire Plan Prescription Drug Program benefits for the drug. If the payment is not authorized, no Empire Plan Prescription Drug Program benefits will be paid for the drug.

An appeal process allows you or your doctor to ask for further review if authorization is not granted. You may call the Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select option 4 for the Empire Plan Prescription Drug Program for information on how to initiate an appeal. Products covered by a plan member's prescription and medical benefit plan may change from time to time. In addition, a member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document at any time.

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